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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats

(Signature of Circulator) (Month) (Day) (Year)

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PO Box 2 office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. Madison, THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. CONTACT DATE OF SIGNING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. SIGNATURES OF ELECTORS PRINTED NAMES OF ELECTORS Street: 2943 County Road B 11/29/2011 1. DIA

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In a true to hear	to be Holy	Marathon Zip: 54498			Email
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Kristine Hazing	Dustine Elici	City: Dausau WI zip: 5440/	□ City	()	Email ()
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Mimberly Schauer , (certify): I reside at 1315 W Waysav Ave Waysau (Circulator's Residence - Street name and Number) (Circulator Municipality)
ially circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed
r with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Mag THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CON Rural address must also include box or fire no. (Indicate Town, City, or Village) Email 11/15/2011 Phone ☐ City (715) Email ☐ Town □ Village Phone City 4)AUSAU **Email** Town □ Village Phone (Month) (Day) (Year) (715) Email **Town** ☐ Village Phone ☐ City Waeran (7/5)Hillcaesi Da Email Town Village Phone zip: 54461 WAUSALI Email ☐ Town Dogwood Rd ☐ Village Phone City Rib mountian zip: 54401 Email Town ☐ Village ☐ City (Month) (Day) (Year) Email ☐ Town 20 ☐ Village Phone ☐ City (Month) (Day) Zip: 9. Email ☐ Town ☐ Village Phone ☐ City (Year) (Month) (Day) Email 10. □ Town Phone

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I,	Alan Te	- 5ch		n of Circulator	8090 W. Cassidy (Circulator's Residence - Streetnam	Dr.	Town of	Stellin	
I person	ally circulated this recall petit	(Name of Circulator) ion and personally obtained eacontent on the date indicated one	th of the signatures on this paper, I know the	hat the signers are electo	(Circulator's Residence – Streenamers of the jurisdiction or district represented bupport this recall petition. I am aware that fal	y the officeholder na	(Circulator Manned in this petition. I know the	Municipality) hat each person signed	
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ne paper with full knowledge of its content on the date indicated opposite his or her nan	ne. I know their respective residences given. I support thi	s recall petition. I am aware that falsif	ying this certification is punishable under S.12	2.13(3)(a), Wis. Stats.
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1.		Street: 1724 Lagura Ave City: Weston Zip: 54476	☐ Town ☑ Village	1/3/20/1	Email
Eric Rasmusser	Eur ((armsen	city: Weston Zip. 54476	City Weston	(Month) (Day) (Year)	Phone (
2.		Street:	□ Town	/ /20	Email
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		A STATE COLOR CONTRACTOR COLOR CONTRACTOR COLOR	□ Village □ City	/ /20 (Month) (Day) (Year)	Phone
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LYNIN SUTHERL	AN/N (comments)	ify): I reside at 102/BRONDWAY	Acr lite al	(1) RUSRI	
(Name of Circula	ator)	(Circulator's Residence – Street name an	d Number) (Circulator)	Municipality)	Circulat
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		Street: 7255 cty Rd 4 City: Wausau Zip: 54401	☐ Town ☐ Village	11/30/2011 E (Month) (Day) (Year)
		Street: 1742 Jackie Rd City: Mosinee Wi 120:54455	□ Town	// 3D/201/ (Month) (Day) (Year) Pi
ENE HOLLMAN	Glice Hellman	Street: 1742 JACKIE RO City: MOSINEE Zip: 54455	City Kronenwetter	// 35/20// Pt
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Amy L. Rucks-Faust	A Celler Ofrens	Street: 1727 KOWAISKI Rd.	Town Kronenwetter	(Month) (Day) (Year)
Natasha Birkett	Natasha Burkett	city: MOSINER zip.54455 Street: 1772 Norway Ln. City: Mosiner zip: 54455	☐ Town ■ Village Kronenwetter	// /24/20//
AULETTE F. Rucks	Pauletto Y Ruchs	Street: /772 NORWAYLN City: MOSINEE, WI Zip: 54455	Town Willage KAONTN WETTEK	// /24/20_/(Month) (Day) (Year)
JOHN P. Rucks	Jhn B. Rucke	Street: 1972 Morevay L City: Mosence Wi zip: 54455	O Town Village Coverweller	///2420_(Month) (Day) (Year)
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Paul J. FAUST		on of Circulator certify): I reside at 1727 Kowalski Ro	d Mosiner	e (Kroneni

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
JOANNE B. Girdano	Joane B. Gordano	Street: 505 S. 2041 St. City: Wavsav, NI zip: 54403	Town Village Wausau	11/18/20_// (Month) (Day) (Year)
2. KAY MEYEr		Street: 1104 PINTAIL LA	PTown City C	11 / 19/20_11 (Month) (Day) (Year)
i bertyl teidenan	Lebech L Hackmann	City: WAUSAU W1 Zip: 54401 Street: Those CryRd www City: Wausau Zip: 54403	Town Divilage Lexas	[[/23/2011 (Month) (Day) (Year)
4. Sand podorn	San Dollar	Street: 100 3 SYL Van St.		1/27/2001((Month) (Day) (Year)
5. Mike WAsilezuk	Myla	Street: 4101E. Jelinek Ave City: Weston Wizip: 544,76	Town Willage City	/27/20_1/ (Month) (Day) (Year)
· Carl Berge	Cal Res	Street: 708 Fulty 17 56-044205 City: WMMSAM, WI 21p: 54403	> Town Yillage Jansan	// /2 / 20// (Month) (Day) (Year)
7. Angela Spialek	Awana	Street: 506 1/2 Adams 5+ City: Wassau zip: 54403	Town Village Wav Sau	(Month) (Day) (Year)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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Jeff Leigh	Certification o		C+ fu	V2.56 -

(Signature of Circulator)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Keisman CHEISTOFFEESEN "	Museum 1/1 ton	Street: 1506 Metro Dr. #9 City: SChofield Zip: SUNTU	Drown Village Schoheld	1 /17/20 LL (Month) (Day) (Year)
Tom Durkee	Tom Dude	Street: 4/11 West St City: WAYSAN WIJ Zip: 54401	Town Village City WALSAL	
BARRY DEXTER	Carry	Street: 8/2 STEWART AVE.	□ Town □ Village City	// // 20/1 (Month) (Day) (Year)
Exic Geib	Eric Geb	Street: 9608 CT Rd Z City: Wall Sale zip: 1495	Drown Drillage Wausaca	11 /17/20 11 (Month) (Day) (Year)
MARY TRASKA	mary Traska	Street: 1802 W Momas St City/WAUSAU Zip. 54401	Town Utilage UCity WAUSAU	// //7/20 <u>//</u> (Month) (Day) (Year)
	Per	Street: 113 Edgar Ave City: Rothschild wil zip: 54477	Town Willage City Pothschild	///8/20_// (Month) (Day) (Year)
Rob Hughes Richard A. Pody	Richard A. Pools	street: 706 S. 2185 Ave Cty: Waysau, WI zip: 54401	□Town □Village Sa City Wausau	
RachelM. Pody	hadd Vode	Street: 706 S. 218+ ADE City: Wawsaw, WI zip: 54401	□Town □ Village SECity Waysau	N/B/20_N (Month) (Day) (Year)
Russell W. Wilson	대통에 발표하는 회사들이 있는 기계 (4 4) 기계 등 본다는 기계	Street: 1515 Adams Count City: WAUSAU, WI 21p.5483	☐ Town ☐ Village ★City WAUSAU	11 /18/20/1 (Month) (Day) (Year)
o. Jill Stukenberg	Just Studenberg	Street: 9215,7th Ave City: Wausau, W1 25p: 54401	O Town Village Wassau	((/(8/20 <u>(</u> (Month) (Day) (Year)

Jill Stukenserg puro	City: Warsau, WI zip: 54401 Dily	(Minim) (Day) (Tear)
	Certification of Circulator	
Jeffen T. Leigh		(Cinculator Municipality)
(Name of Circulator)	(Circulator's Residence - Street name and Number)	(Circulator Municipality) petition. I know that each person signed
personally circulated this recall perition and personally obtained each of the arguments because the paper with full knowledge of its content on the date indicated opposite his or her named to the paper with full knowledge.	es on this paper. I know that the stegers are electors of the jurisdiction of district represented by the officer that falsifying this certification is punished. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punished.	
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CHARLES LEIDY	Charles Reidy	Street/04 E, RIB MOUNTAL City: WAUS AU Zip: 5	NDE. 24401 9	own fillage City WAUS AU	//20/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
2.	1	Street: 1102 Knav E	• □ 1	iomaC. J	11/24/20/	Email	
Casandra Johnson	Casandra Jehnsen	city: Wausau zip: 5	,4474 ⁶⁰	in lothschild	(Month) (Day) (Year)	(-	
3.	AU M	Street: 1003 - Sylvan		own	1/ /2/20/1	Email Phone	
Ruth Hagedorn	Much tagedon	City:Wall Sall UT zip: 5	4403 20	Walsan	(Month) (Day) (Year)	(
4.		Street: 2435 Grand Are #1		own	11/22/201	Email	
Heather Nichols	Hierry Nichal	city: Wansau WI zip: S	54403 PC	ity Waus au	(Month) (Day) (Year)	Phone (7(S	
5.		Street: 7/2 Kickbuse		'own	11/7/201	Email Phone	
I MOGENE RitgER	I mogene Kitger	City: WANSAY Zip: 5	54403 100	UAUSAU	(Month) (Day) (Year)	(2)	
6. /	Ω	Street: SUIS Gladst	——————————————————————————————————————	own illage	11 /29/2011	Email Phone	
Rebecca Dorsh.	Keliceo Mash	city: Weston zip: 5	54476 0C	City Weston	(Month) (Day) (Year)	(20)	
7.		Street: 14 LAKEUi'er CT		own iilage	11 /23/20 11	Email	
Phillip CARR	Philesi Con	City: Whushu zip: 5	84403 BC	WHU5M9	(Month) (Day) (Year)	Phone (71	
8. /		Street: JUS N 14th St		own Fillage	11/23/2011	Email	
Jennifer Johnson	June to Johnson	city: War (ar U) zip:	54403 PC	city Wascan	(Month) (Day) (Year)	Phone 91 (71)	
9.		Street: 3917 E Warsan Ave	15/ 1	'own	11 /23/2011	Email	
Garrick Demeyer	Samil librer	city: Warlar zip: S	1403 COYY	city Waviav	(Month) (Day) (Year)	Phone (715	
10.	7 1 7 '	Street: 113 Main St.		own	11 /23/2011	Email	
Barbara Gruning		city: Marathon zip: g	5448 ac	filage Mavathon	(Month) (Day) (Year)	Phone (7/2	
JAMES BO	Certification	of Circulator	5 110		4. 4	- 8	
' 	, (certi	fy): I reside at	111	<u> </u>		Circulato	
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.							

Email

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING			
1-Tanyny J.	Janing ()	Street: 3662 Sugarbush Rd.	VIOWN CHIMICH	11/20/2011	Email DTW		
Wawrzynie	Walertynus	City: MCSUPE Zip: 54455	City CNN/CT	(Month) (Day) (Year)	(7)		
12. Hyle & Molve	Myl of Mile	Street: 4310 Augustine AVE City: Westen zip: 54476	D'Town Uvillage City WE STON	// /ZZ/201((Month) (Day) (Year)	Phone		
3.	Canal 3	Street: 5003 No. 33105+	Town Utilage City	11 /22/2011	Email Phone		
Carole ZINSER	across years	City: Wauseu zip: 54403	10645 ay	(Month) (Day) (Year)	(7/)		
Joyce Lattimer	Joyce Lathier	city: Warran zip: 34401	Dilling on letterston	(Month) (Day) (Year)	Phone (7/S		
5.	0 0	Street: 935 SCGH St	☐ Town	(1/27/20 <u>1</u> (Email		
Marthatelley	martha Buckley	City: (1) OUS OU W 1 Zip: 54403	□ Village □ City □ City	(Month) (Day) (Year)	Phone (
6.		Street: 935 Scott 50	Town Uvillage WCity WMSAU	11/22/2011	Email Phone		
Lunce Line Will	Fifthhill	City: Wausau, W. zip: 54403	PCity W WW AU	(Month) (Day) (Year)	(76		
Sarah Nehring	Sollehing	Street: 4009 HEnry St.	□ Town □ Village	11/24/2011	Email Phone		
8.		city: Waisan, Wl zip: 54403	BrCity Wausau	(Month) (Day) (Year)	Email (71		
4kc Stroed	1,500	Street: 1632 Plato: Street	☐ Town ☐ Village ☐ City 1 /	// /2/20// (Month) (Day) (Year)	Phone		
9.	the something	City: Waysay zip: 54405	Waysqy		Email (27)		
Birgitta Stroede	Bucilla Finde	Street: 1632 Plato Street	U Town U Village W City W W W SAW	// /22/20// (Month) (Day) (Year)	Phone 7		
10.	The state of the s	City: Vausary, Wi zip: 54403			Email /		
mall Robinson	Math Valment	Street: 710 5 310 AU2 City: WOVSOV zip: 54401	Town Village City WOVSAV	(Month) (Day) (Year)	Phone 34		
	Certification	of Circulator			- Lund		
3 AMES	30661 ,(cert	tify): I reside at 1717 Sarfielu			Circulato		
nersonally circulated this recall petition and personally ob	ulator)	(Circulator's Residence – Street name and	,		Phon		

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Michael Jacque	N. Elaeyr	Street: 188 S HWY O	ØTown □ Villago □ City Bergen	11 /16/20_11 (Month) (Day) (Year)	Emai Phone
per E-11 Watcherson		Street: 74862 Mogan LN	≧ KTown	11/14/20/11	Emai
MAI DAIGLE	Faul Ry	city: Warsaw zip: W.I	O'Village Texas	(Month) (Day) (Year)	Phone
		Street: T4862 Morgan lane	⊠ Town	11/16/20 11	Emai
Pamela Duigle	Panela Daigle	city: Wausau zip: 54403	ocity lexas	(Month) (Day) (Year)	Phone
Collette Brown	Collette brown	Street: 2109 Lamont St City: Wausau zip: 54403	Town Village Wausau BeCity	11 /16 /20 11 (Month) (Day) (Year)	Phone
Anne Merry free	ane Genifeld	Street: T1991 Kiwan's Rd.	Krown Uvillage City Texas	11 /16/2011 (Month) (Day) (Year)	Emai
	1/01/	Street: 2/13 WESTON AVE.	□ Town X Village	11/16/2011	Emai
KEITH KRAMER	Retheram	City SCHOFIELD, Let Zap: 5447/	City Kothschild	(Month) (Day) (Year)	Emai
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phon
		Street:	□ Town	/ /20	Emai
		City: Zip:	□ City	(Month) (Day) (Year)	Phon
		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Emai Phon
		City: Zip: Street:	☐ Town	/ /20	Emai
		City: Zip:	☐ City	(Month) (Day) (Year)	Phone
Kain Rusch	Certification (of Circulator fy): I reside at 3824 14 ⁴⁴ 94	Jausau		c.

(Signature of Circulator)

(Year)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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"James Kurth		Street: 3440 Riverview Ct.	Town Village Wausau	(Month) (Day) (Year)	Email Phone		
2. Scott H. Boesel	Spend	Street: 801 Callon St City: Wayfay W 21p: 51/40)	Otty Way59 U	// // 6/20// (Month) (Day) (Year)	Email Phone		
3. KAMÁ HOTHUR	Lama Ro	Street: 628 N. 16th Ave City: Wansan zip: 54401	Detry Wausau	11/14/20 <u>11</u> (Month) (Day) (Year)	Phone (
1. Jane Schoepke	Jeme Schuepk	Street: 14420 12 An AUL City: Merrill Zip: 54452	Notate Moine □ Village □ City	11/16/2011 (Month) (Day) (Year)	Phone		
5. Jerrel Mernin	Jul Mum	222 N 4TH AN	□ Town □ Village FCity W AM SA-C1	[//[6/20_[/]	Email Phone		
6. Christy Nowinsky Christy Nowinsky	Christy Novinsky	Street: 409 Lake View Drive City: Wausan WI zip: 54403	□ Town □ Village D'City WKU Sacc	11 /16/20 11 (Month) (Day) (Year)	Email Phone		
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Phone (
8.		Streei: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone (
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone		
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone		
Lynn Ku	Certification o	of Circulator fy): I reside at 3446 Rivery eco	ct is	AUSAU	Circuit		

		Street:		→ □ Village	/ /20
		City:	Zip:	☐ City ¯	(Month) (Day) (Year)
		Certification of Circulator			
Lynn	Kurth	, (certify): I reside at	146 Riverview	u ct	WAVIAU
	(Name of Circulator)	(Circu	lator's Residence – Street name o	and Number)	(Circulator Municipality)
111 23	/20	2) Kurth		· · · · · · · · · · · · · · · · · · ·	Page No. (Official Use Only)
(Month) (Day)	(Year)	(Signature of Circulator)			#000315
	per with full knowledge of its con	onally circulated this recall petition and personally obtained each of the signature with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with full knowledge of its content on the date indicated opposite his or her with the date indicated opposite his or her wit	Certification of Circulator (Name of Circulator) (Circulator) (Circul	Certification of Circulator (Name of Circulator) (Name of Circulator) (Name of Circulator) (Circulator) (Circulator's Residence – Street name of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the the with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsi	Certification of Circulator (Name of Circulator) (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Residence - Street name and Number) (Circulator of the jurisdiction or district represented by the officeholder named in the signer are electors of the jurisdiction or district represented by the officeholder named in the signer of the jurisdiction of the jurisdictio

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	f the Wisconsin Constitution and S.9.10 of				T:
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
"Victoria Koskey	Victorio & Kohy	Street: H13971 SChool Rd	City Hewitt	1//30/20// (Month) (Day) (Year)	Email Phone
2.		Street: H13971 School Rd	VI COS (T T	11/2/20/1	Email
Keith Koskey	Julk Josky	city: Wausau zip: 54403	City Hewitt	(Month) (Day) (Year)	Phone (
		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
4.		City: Zip: Street:	☐ Town	/ /20	Email
5.		City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
		Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
6.		City: Zip: Street:	☐ Town ☐ Village	/ /20	Email
7.		City: Zip:	☐ City	(Month) (Day) (Year)	Phone (
		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
8.	<u> </u>	City: Zip:	□ Town	-/ /20	Email (
		City: Zip:	☐ Village ☐ City	(Month) (Day) (Year)	Phone (
9.		Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
10.		City: Zip:	□ Town	(Month) (Day) (Year)	Email
		Street: City: Zip:	☐ Village ☐ City	/ / 20 (Month) (Day) (Year)	Phone (
	Certification			<u> </u>	<u> </u>

Retu Com

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Debra Regan Deha K Regn	street: 3606 Schofield Ave #12 n city: Schofield W/ zip: 54470	Town Village Cherry Schoffe /d	///23/20// (Month) (Day) (Year)
1:11:AMIL. RegAN William Ziflega	Street: 3606 SCHOFIELO, HUE Chy. SCHOFIELD WI Zhp: 54476	Times.	// 23 20// (Month) (Day) (Year)
MARKG. BLUME Polkles	Street: 15203 SHORT LANE OR City: WARRY HOW Zip: 54448	Town ☐ Village	///23/20// (Month) (Day) (Year)
Debra Regan Wella K Regn J. L. AM. L. Regan William I Regn MARKG. BLUME // Kles Momas L. Voss Thomas L. Van	Street: 15203 Short Lane Or. City: Marathon 2455448	Offewn Steffin	11 & 3/20/_ (Month) (Day) (Year)
- 1914 (1928) (1931 - 1931) (1931 (1931) (1931) (1931) - 1935 - 1936 (1931) (1931) (1932) (1932) (1932)	Street: City: 219:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
	Street: City: Zipi	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
	Street: City: Zip:	□ Town □ Village □ City	//20 (Month) (Day) (Year)
	Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)

Street: Town Village City Zip: Town Village City Phot Control of Circulator City Cit					City:	Zip:			Month) (Day) (Year)
Certification of Circulator (certify): I reside at 6604 Coribou Lane (Circulator's Residence - Street name and Number) (Circulator Numicipality) personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed he paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	10.					Zhe	□ Village □ City		Phon
(Circulator's Residence - Street name and Number) (Circulator Number)	Dione	Alu	Rohma	C	ertification of Circulat	for		Willage	/ wasta
Page No United States.	personally circulated this re	ecal petition and per	e of Circuletor)	of the signatures on this	paper. I know that the signers are ele	(Circulator's Residence -	- Street name and Number)	d in this matition. Theres, the	nicipality) C
(Month) (Day) (Year) (Signature of Circulator)		23/	20_/	ite his or her name. I kno	their respective residences given.	. I support this recall petition. I am	aware that falsifying this certification	is punishable under S.12.13	(3)(a), Wis. Stats.
	(Month)	(Day)	(Year)		(Signature o	i Circulator)		#	

Phone

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staryn K. Forbes	Sharp K. Forbes	Sirel 8 Sturgeon Eddy Road	Town Usillage WCUCCU	11/16/20_// (Month) (Day) (Year)	Email Phone		
LaVonne Solomonson	Latonne Solomone	Street: 1016 Nina Ave City: Wausau, W. E Zip: 54403	□ Town □ Village Wausker ■ City	11/16/20 <u>[</u> [(Month) (Day) (Year)	Email Phone		
3.	m11 0 M	Street: 1016 Ning Ave	□ Town □ Village	11/16/2011	Email		
AllAN G. Solomonson	allen 1. Solomone	City: Waresau, W. L. Zip: 54403	Acity Warran	(Month) (Day) (Year)	Phone (
4.		Street: 909 Dino Ave	Town Village KCity Uausau	# 17/20 <u>4</u>	Email Phone		
Hugh Curtis	Righ Custio	city: Wovsea, wi zip: 54403	Heiry PODOC - Co.	(Month) (Day) (Year)	Email (
J	norma P. Curtis	Street: 909 Nina Ave	□ Town □ Village City Wausau	11 /18/20_11 (Month) (Day) (Year)	Phone		
Norma Curtis	Morma V. Curles	city: Waysay, WI zip: 54403			Email (
Edith I. Smith	Edithysmeth	Street: 818 E. Whion Aue City: Wausau, W.J. Zip: 54403	Utillage Waysau	(Month) (Day) (Year)	Phone (
7.			□ Town	1-1-	Email		
Taul H. Smith		Street: City: Zip:	☐ Vmage ☐ City	(Month) (Day) (Year)	Phone (
8.	1 , 0	Street: 818 E. Union Ave	□Town	11 /44/2011	Email		
Paul H. Smith	fault Smith	City: Wausau, WT zig: 54403	Wausan	(Month) (Day) (Year)	Phone (
*	Non c. Ornel	Street: 2112 Hawthoans LN.	☐ Town ☐ Village	11/22/2011	Email		
HENRY C. OSSUAL	Hann C. Child	City: WA45A4, WI Zip: 54403	ACity WAUSKU	(Month) (Day) (Year)	Phone (
Wayne A. Wolfgran	(Day . C (Dul)	Street: 208 5. 13th Aug	Town Village Waus au	11/22/2011	Email Phone		
1,1	, ,	City: Clear 59 (4)	N City	(Month) (Day) (Year)	(
Allani G Solamo	Certification of	of Circulator	11)				

Wayne	/F W	3/19/a L	July . U	W17-	City: Clbu	59U	z	ip: 57/51	Village C	lausan	(Month) (Day) (Year)
				Certificat	ion of Circulate	or			-1		•
Allan	G.	Solomonso	on		(certify): I reside at _	1016	Nina	Ave		Wousan	
personally circulated this e paper with full knowled	recall petition	(Name of Circulator n and personally obtained tent on the date indicated	each of the signature	on this paper I know	v that the signers are elec	(Circulate tors of the juri	or's Residence sdiction or distr	c - Street name ar	e officeholder nai	med in this petition. I kno	or Municipality) w that each person signed 12.13(3)(a), Wis. Stats.
_ <i>Nov</i> _	23	/20 [[Ma		domar				<u> </u>		Muchi declors
(Month)	(Day)	(Year)			(Signature of	Circulator)			-	#	

00034-000370

NOTSUBMITTED

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

of Senator Pam Galloway from office pursuan	it to Article XIII, Section 12 of the Wisconsin Constitution a	and 5.9.10 of the wisconsin Statutes.		Madison, W			
THE MUNICIPALITY U	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
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Print DENNIS ZULEGER	Street: N2218 Cardinal Dr City: Medford 21px 54451	Town Utilage City (Municipality Name)	// //8/20 <u>//</u> (Month) (Day) (Year)	Phone ()			
Print: MAREN DALLAS Sign: Karun Dallas	Street: 968 MUSKY Ct.	Town Village MCCity (Municipality Name)		Phone ()			
sign: Sarah Dallas	Street: 968 MUSKy Ct City: Medford 24: 54451	□ Town □ Village 毋City Med for d (Municipality Name)		Phone ()			
SAMVEL DALLAS Sign: My COLV	Street: 968 MUSKY Ct City: Medford Zip: 54451	Town Village City (Municipality Name)	11 /2 1/20 11 (Month) (Day) (Year)	Phone ()			
5. Print: WILLIAM DALLAS Sign: William Dallas	Street: Medford 21p: 54451	Town Usillage City (Municipality Name)	// /Z / / 20//_ (Month) (Day) (Year)	Phone ()			
I, Haren Dallas (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 48 MUSKY (4' (Circulator's Residence - Sweet Name and Nu	Medfor mber) (Circulator Munic	ripality)	Circulators, Please include your con			
	otained each of the signatures on this paper. I know that the signers are elector			Phone			

ed in this petition. I know that each person signed the paper with full knowledge of its of recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov.	22nd	120 //	Karen	Dallas
(Month)	(Day)	(Year)	Signature of Circ	culator)

Email

Return by Ja

Committee to

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THE MUNICIPALITY I	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print: DAUND F COOK	WB193 OK Herry D Were Leeburn Street:	ضown □ Village □ City	/(/15/20 <u>1</u> L	Email COVNCO
Sign Wall Cook	City: New Auburn Zip: 54757	Municipality Name)	(Month) (Day) (Year)	(715)
Print: Margarete Coole	Street: W13193 Old Huys	Town U Village City	11/15/2011	Cornco
sign: Margayte Cook	City: Wew aubury W zip: 54757	Sig Seud (Minicipality Name)	(Month) (Day) (Year)	Phone (715)
3. Print: NANCY WHEELER	Street: 503 W. 4 58. N.	☐ Town ☐ Village StCity	1. /.//2010	Email Mancy
sign: Mancy Wheeler	chy. Ladysmith zip: 54848	Sacysmith (Municipality Name)	11 /15/2011 (Menth) (Day) (Year)	Phone (715)
4. Print: FREDERICK D. COCK	Street: W13203 OLD HWYD	OXTown Village City A	1x /17/20 <u>//</u>	Email Cocket
Sign: Took	City: NEW Aubeurn 749: 54757	Municipality Name)	(Month) (Duy) (Year)	Phone (715)
5. Print: Barbara Cook	Street: W13203 Old Hwy D	Village	11 /1 / 100 11	Email
sun Barbara g. Cato k	city. New Dubur Zip: 54757	(Municipality Name)	// // 20 // (Month) (Day) (Year)	Phone (7(5)
11 / 0 (Certification of Circulator	> +1 0 1	, 1	
I, Mayawell Cook. (Printed Name of Circulator)	(certify): I reside at <u>W13193</u> Old Huy (Circulator's Residence – Street Name and Iu	D New Cuba (Circulator Muni	······································	Circulators, Please include your cont

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder rec

ned in this pe	tition. I know that each p	erson signed the paper	with full knowledge of its c	ontent on the date indi	icated opposite his o	or her name. I know their i	espective residences given. I suppor
all petition, I	am aware that falsifying	this certification is pun	ishable under S.12.13(3)(a).	. Wis. Stats.			
	0.	, /	1	1	/ ,	(~ ·	Page No. Conclude 3nt 2
- 11	, 21	/20 //	9/1/0/2	mote 1	/ /	i	Page No. Conclusion only
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(Month) (Day) (Signature of Circulator)

Return by Ja

Committee to PO Box 2569

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Mark Priniski Sign: Mark Punsh	Street: N9191 Hwy 102 City: Rib Lake Zip: 54470	Town □ Village □ City	///20/20 <u>il</u> (Month) (Day) (Year)	Phone (7).
2. Print: Jane Priniski Sign: Jane Priniski	street: N9/91 Hny 102 city: Rib Late zip: 54470	Town □ Village □ City R, b Lake (Municipality Name)	///2C/20// (Month) (Day) (Year)	Phone (7)
3. Print:	Street: City: Zāp:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Email Phone
5. Print:	Street:	□ Town □ Village □ City (Municipality Name)	/ /20 (Month) (Duy) (Year)	Phone
	Certification of Circulator			<u> </u>
			,	

		Certification of Circulator	
I.	Jane Priniski, (certify): I reside at	N9191 HWV 102	Rib Lake
-	(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulator. Please include

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PO Box

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee
PO Box 250

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: SUSAN FITZGERALD Sign: Susan figurals 2.	street: 434 Billings Ave.	□ Town □ Village ★City MED FOR D (Municipality Name)	[[/Z /20_1] (Month) (Day) (Year)	Email Phone
Sign: MARY LOU CZERNIAK	Street: N7866 FISCHER CREEK ROAD City: WESTBORG 249: 54490	Town Village City WESTBORO (Municipality Name)	11 /Z1/20 <u>11</u> (Month) (Day) (Year)	Phone (
3. Print: JAYNE HAENEL Sign: Jayne 74 sand	Street: N6260 SCTTLEMENT DR City: MEDFORD 24p: 64457	M Town □ Village □ City CHELES (Municipality Name)	// /2/20 <u>//</u> (Month) (Day) (Year)	Phone
4. Print: JERRI SUCHOMEL Sign: Jeni Suchomal	Street: NIZL3 HEMLOCK DRIVE City: MEDFORD Zip: 54451	MTown ☐ Village ☐ City LITILE BLACK (Municipality Name)	11 /31/20 <u>11</u> (Month) (Day) (Year)	Phone (
5. Print: Stephen Suchemel Sign: Atyphe Cul	Street: N1263 HEMLOCK DRIVE	MTown □ Village □ City L\TTLE BUCK (Municipality Name)	/2/20 <u>1</u> (Month) (Day) (Year)	Email Phone
	Certification of Circulator		<u> </u>	
JERRT SUCHONEL	certify): I reside at 111743 HEMI OCK DRIV	IE LTTTIE B	1 0 4 12	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

 $\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$

(Printed Name of Circulator)

(Signature of Circulator)

Circulators,

(Circulator Municipality)

Please include your con
Phone

Email

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Please include your cont

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

of Senator Pam Galloway from office pursua	nt to Article XIII, Section 12 of the Wisconsin Constitution	and S.9.10 of the Wisconsin Statutes.		PO Box 2569
THE MUNICIPALITY (JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Joan Brayton sign: 20am Brayton	street: W3179 Smock Ave City: Medhord zip. 54451	ZTown Village City (Municipality Name)	////9/20 <u>1</u> (Month) (Day) (Year)	Phone (1)(S)
Print: WHA BRAY TON, JR. Sign: MI Bray Low	Street: W3/79 Snock AVE City: MEDFORD Zip: 5 4451	Grown Village City BROWN & G (Municipality Name)	// /9/20_// (Month) (Day) (Year)	bray Z Phone
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
4. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
5, Print:	City: Zip: Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
	City: Zip: Certification of Circulator	<u> </u>	<u> </u>	<u> </u>
IN BRAYTON, JR.	(certify): I reside at 113179 Snock AUE.	MEDERAL	1154451	Circulators

I, W. BRAY TON, JR. (Printed Name of Circulator)	(certify): I reside at W31795 MOCK AUE, (Circulator's Residence – Street Name and Number	(Circulator Municipality)
	- W. Browlow	

PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		
1. Sandra P. Plisch	Sul Ho	Street: 6007 TriciaAve, City: Weston, WI 210:54476	Town Willage City	11 /25/2011	Ema	
Rim Slominsk	Vin Rout	Street: 306 BUNS St City: WAUSAY 21p:5440/	Town Village Waus HU	11 25/20 <u>4</u> (Month) (Day) (Year)	Ema	
3. BONNIE FUST	Bonne Fust	Street: 8310 Butting Rd. City: Wanson Zip: 54401	Town Rib Mountain Other Rib Mountain	(Month) (Day) (Year)	Ema	
* Acth been 1 hotsick	Kath Deen Matsie	Street: 5702 Rose Ave Str: Walson Zip: WT	X Town Rib Mountain	(Month) (Day) (Year)	Ema	
Damie Shoener	Warme Stagle Sh	Street 3604 ROSS AUC City: Weston WI Zip: SA476	Town Of Yillage City OSTO	(Month) (Day) (Year)	Ema	
-Idn Burneach	De Bonnel	Street: 2120 Hidden Cove Cn. City: Mosine WI zip: 54455	□Village □ City kwwLTW	// 25/20// (Month) (Day) (Year)	Ema	
Julianna Burmesch	Jelem Bul	Street: 2,120 Holden Covern City: Mosinel WI zip: 54455	Town Village WowHon	11/25/2011	Ema	
Rence Crom	Renee Conn	street: 4903 wildwood lane city: Waysay zip: WI	□ Town □-Village City UQUSQU	11/25/2011	Pho	
9.		Street: City: Zip:	□ Town □ Village □ City	$ / /_{20} $	Ema	
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20	Ema	
personally circulated this recall petition and personally obt	Certification of Circulator (Name of Circulator) (Circulator) (Circul					
$\frac{1}{\text{(Month)}} / \frac{\text{5}}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	_ Jerobe 9	(Signature of Circulator)	Page No	66326		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committe PO Box 2:

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THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY!	Y OF RESIDENCE, IS NOT SUFFICIENT.		Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	COI
1. Print: Wylliam Mead	Street: 1001 Meadow Circle	✓ Town ☐ Village ☐ City	11/17/2011	Email Wrme Phone
sign: William Med	City: Wawsau zip: 54401	Of Kib Mountain (Municipality Name)	(Month) (Day) (Year)	7/5
Print Mary LeBrun	Street: 623 Broken Arrow Rd	☐ Town ☐ Village ☐ City	////20 <u>/1</u>	Phone
Sign: Wary M LeBru	civ. Wausau zip. 5e4to]	(Municipality Name)	(Month) (Day) (Year)	(Email
Print: David w Nettesheim	Street: H11001 County RdJ	Town Village City	//7 /20 // (Month) (Day) (Year)	Phone
Sign: Daul W Hoth	City: WAUS AU WI Zip: 54403	Municipality Name)	(Month) (Day) (Year)	(Email
Print: Francine Nettesheim Sign Francine Nettesheim	Street: 411001 County Rd. J	© Town □ Village □ City Hewith (Municipality Name)	11/17/2011	fdne
Sign Trancine Westerm	city: Wausan zip: 54403		(Month) (Day) (Year)	(715
Print: Roxie Hoffman	Street: 1004 Woodward Ave.	Town Stillage City Rothschild	11 /11/20_11	hoffm
Sign: Robie Hoffman	city: Rothschild zip: 54474	(Municipality Name)	(Month) (Day) (Year)	(715
I. Sarah Landsdown	Certification of Circulator (certify): I reside at 412 N.544VL.	Wausau		
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nubtained each of the signatures on this paper. I know that the signers are electrons	umber) (Circulator Muni	•	Circulators, Please include your Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats.

Il petition. I am aw	are that falsifying	this certification is punis	hable under S.12.13(3)(a), Wis. Stats.	
11 /	-17	/20_1[Sarah R. Landsdown	Page No. 000327
(Month)	(Day)	(Year)	(Signature of Circulator)	#

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall

THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	Y OF RESIDENCE, IS NOT SUFFICIENT.		Madison,
	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED. NAME OF VOTING		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	Cot
1.				Email
Print: Sarah Landsdown	Illo 11 orth A. A	☐ Town ☐ Village		
	Street: 412 N.5th AVE	⊊ City T	11/17/2011	
Sign: Much P. Landsdown		Wausau	(Month) (Day) (Year)	Phone
Sign: A CONTROL OF THE SIGN OF	Mangar Ellin	(Municipality Name)		
3	city: Wansan zip: 54401			P1
2. 1/2 - 1 1 1 1 2 2 1 / -		T Town		Email
Print: Kimberly A. Waltz	Street: T8933 Cty Rd. W	Town Village		
11 (Street: 13133 CFU NO. W	Toxas	11/17/2011	Phone
Sign: JUM / als			(Month) (Day) (Year)	
	civ. Wausau zip. 54403	(Municipality Name)		(
3. 0: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	3.7.	. OV		Email
Print: Chery Rubnick	all M Asi	Town		
man of the state o	Street 5177 28th Ave Apt 1	Town Village City	11/19/2011	
Charle Kuknick		Brokaw	(Month) (Day) (Year)	Phone
Sign: Awar Turium	11/2000 1000 1000	(Municipality Name)		
•	city: Waysay WIzip: 54401			Email
Bill Truttschel		☐ Town ☐ Village		Linan
Print: Bill Truttschel	Street: 940 Jackson St.	City	file to all the	
a to the	Street: 15 CO COCK SOPT SC.	wowsau	(1/17/2011	Phone
Sign: B. M. March		(Municipality Name)	(Month) (Day) (Year)	
•	city: Wawsau WI zip: 54403			(
5.		□ Town		Email
Print: Downa Schuh		☐ Village		
Print: WO 3 IF G SCULL	Street: 12/9 Young Street	City	11/17/20_11	
Draw O SID wh		Wausay	(Month) (Day) (Year)	Phone
Sign: Dorner J. S. Chuh	54403	(Municipality Name)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
V	city: Wansan WF zip: WEpisch	h		
	Certification of Circulator			
I, Sarah Landschown.	(certify): I reside at 412N.5th Ave.	<u> Wausdu</u>		Circulators,
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu	umber) (Circulator Muni	cipality)	Please include you

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING	TE OF SIGNING CO
1. Print: De Ann Schubring Sign: Delana Schubring	Street: 516 Franklin St	☐ Town ☐ Village City	/17/2011 Email
Sign: Wellny Schubrery	Street: 516 Franklin St City: Wausan zip: 54403	11 10 11 1 11 11	h) (Day) (Year) Phone
2. Debra Koziel	Street: 920 River Street	☐ Town ☐ Village A City	Email
Sign: plebra Kozyil	cir: Schofield zip: 54476		Phone (Year)
3. Cypthia Likeinert	street 1320 Greenhill Dr.	□ Town □ Village □ City	Email Phone
sign: Cynthia L. Kerner	cir: Waesau zip: 54461		n) (Day) (Year)
4.	Street:	□ Town □ Village □ City	Email
Sign:	City: Zip:	(Municipality Name) (Month) (Day) (Year) Phone
5. Print:	Street:	☐ Town ☐ Village ☐ City	Email
Sign:	City: Zip:	(Municipality Name) (Month	/ 20 Phone
I, Sarah Landsdown (Printed Name of Circulator)	certify): I reside at Certification of Circulator (Circulator's Residence - Street Name and Na	WAUSA U mber) (Circulator Municipality	Circulators, Please include you Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder reca

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N .	, 17	/20 16	Varala R Landoda.	Page	No Ω P M

(Month) (Day) (Year) (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee PO Box 2:

THE MUNICIPALITY (ISED FOR MATLING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		L
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: Megan Werner	Street: 1937 EVA Rd. #55	□ Town 「Your Village □ City	11 /18/2011	Meg W
Sign: Megan Werner	city: Mosinee zip: 54455	Kronenwetter (Municipality Name)	(Month) (Day) (Year)	(715
2. Print: Marsha Yulga	Street: 1360 Four Mile Rd	Town Village City	11 /18/20 <u>11</u> (Month) (Day) (Year)	Email
Sign: Marsha Yulga	city: Marathan zip: 54448	(Municipality Name)	(stomm) (Day) (Year)	(715
Sign: Larry Hottz	city: Hatley zip: 54440	Town Village City Ringle (Municipality Name)	(Month) (Day) (Year)	Phone (715
4. Print: Jenny Stroik Sign: Jenny Stroik	street: T8576 N. 81 ST St. City: Waysay zip: 54403	Town □ Village □ City Texas (Municipality Name)	///8/20// (Month) (Day) (Year)	Email BIK Phone
5. Print: STEVE SCHOOPS Sign Steven A though	Street: 7080 Convin Ro C	**DTown Village City BEVENT (Municipality Name)	// // 8/20 11 (Month) (Day) (Year)	Email Karla Phone (715
	Certification of Circulator			
I, Meyan Werner (Printed Name of Circulator)	(certify): I reside at 1937 EVARO #55 (Circulator's Residence - Street Name and Nu	mber) KYCNUN We		Circulators, Please include your

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a). Wis. Stats.

an pennon, i am	aware mai faisifying ti	ns certification is pun	ishable under 3.12.13(3)(a), wis. Stats.		
/	28	/20]]	Megan Werner	Page No Page 3 9 9	
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Please include your Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
	1101	Street: 2174 Blussom CT	□ Town □ Village □ City	11/18/20_11	Ema
aul Beindt	Jan Berta	City: MOSINER WI Zip: 54453	- City Kronenwetter	(Month) (Day) (Year)	
		Street:	☐ Town ☐ Village	/ /20	Em
		City: Zip:	☐ City	(Month) (Day) (Year)	
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	C-4'6'-4'	City: Zip:	☐ City	(Month) (Day) (Year)	
Her Todo Punt	•	on of Circulator certify): I reside at 4104 Sunum Hill L	n Tour of	21 d	

	·		Street:		☐ Town ☐ Village	/ /20	
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone
	9.		Street:		☐ Town ☐ Village	/ /20	Email
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	10.		Street:		□ Town	/ /20	Email
			City:	Zip:	☐ City	(Month) (Day) (Year)	Phone
 I,	Walter Todel Pul	Certification o	of Circulator fy): I reside at りんり	Sunn Hill Ln	Town of	Steller	
I pe	(Name of Circularsonally circulated this recall petition and personally obta paper with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that th	he kilmers are electors of the invisdicti	Residence - Street name and ion or district represented by the petition. I am aware that falsifying	officeholder named in this metition. I be-	or Municipality) ow that each person signed .12.13(3)(a), Wis. Stats.	Circ
	$\frac{\binom{1}{\text{(Month)}}}{\binom{2}{\text{(Day)}}} \frac{120}{\binom{20}{\text{(Year)}}}$	_ Walter J-Id	(Signature of Circulator)			000331	
					, " <u>"</u>	 j	

To the Wisconsin Government Accountability Board; We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from

THE MUNICIPALITY USED FOR MATEIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	<u></u>
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
MARK BURCLAFF	Mark Barly	Street: 415 3 10 th St. City: WAUSAU WI zip: 54403	Town Uvillage DeCity WAUSAU	///8/20_//	
216	11,	street: 2/08 W. Wasan Are	□ Town	11 /18/20/1	
Dob Gollhadt	MA	City: Wa U Sa U zip: 5440/	City Oa Sau	(Month) (Day) (Year)	
HAILEY Jasmine Punke	Hades Jasmine Inhe	Street: 4104 Sunny Hill Ly City: Wansan Zip: WI	Town Stellin	11 /27/20 <u>[1</u> (Month) (Day) (Year)	
Walter Jan	Multer San	Street: 4104 Sung HALLAD	☑ Town □ Village	1 /27/2011	
Punte	Marky	civ: Waynu zip: 54401	City Steffun	(Month) (Day) (Year)	
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(Name of Circulator)		Circulator's Residence	Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained ea	ch of the signatures on this paper. I know that the sign rs a	re electors of the jurisdiction or district i	represented by the officeholder named in t	his petition. I know that each person signed
the paper with full knowledge of its content on the date indicated op	posite his or her name. It wow their respective residences g	iven I support this recall petition. I am	aware that falsifying this certification is p	unishable under S.12.13(3)(a), Wis. Stats.
11 / 27 /20	- Walter Jack Pr	ula		Page No Roffie (N. D. On)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Jenel Wound	3 3/100	City: 1977223 Zip: 54411	Uvillage City	(Month) (Day) (Year)
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DEBONAN S. HARTMAN	DUSHI-	Street: 1618 MATHE ST City: WASN, WI Zip: 54403	Town Usullage WAUSAU Strity		Email Phone
Alan L. Henke	aland Henke	street: 221 Scitt UT. City: WANDMy Wi zipt YYD3	Town Village WANSIM	(Month) (Day) (Year)	Email Phone
Cy Campen	Cy Campen	street: 2400 Marshall Lt City: Wausan W, Zip: 54403	Town Utillage BCity Wausab W	M /15/2011 (Month) (Day) (Year)	Email Phone
John Faville	Solo-Taville	street: 5809 Ferge ST City: Western W zip: 54476	Town Weston Willage City	11/15/20/1 (Month) (Day) (Year)	Email Phone
Michael D. Moen	MeshaldMoen	Street: 303 S. 32nd Au City: Wausau, WI Zip: 5440	Town Village Wausau, WI	// /5 / 20 // (Month) (Day) (Year)	Email Phone
Terrolo L. Bueno	Janvel L Brown	Street: 503 & TARD ST City: WAUSAV Zip: 54403	Town Village WAUSAU W	// //5 / 20// (Month) (Day) (Year)	Email Phone
Linda Haney	Links & Harrey	Street: III N. 10th St. CHY: Waysay WI Zip: 54403	Town Village ViCity Vansav	///15/20// (Month) (Day) (Year)	Email Phone
s. Jennifer Powers	Jemp Pans	Street: 3217 Brue Dr City: Waysay WI 21p: 54403	Town Willage City VSTO	1(/16/20_11 (Month) (Day) (Year)	Email Phone
Kathy Wiston	Kall Withon	Street: 19/1 ROOSRUP/F St.	Town Village Waysay	11 //7/20L) (Month) (Day) (Year)	Email Phone
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Mary Ferron	May Lerren	Street: 206 2nd St City: MOSINEE zip: 54455	Town Village Mosinee		Email Nappy f Phone (715)
Michael Ferron	Midalkeum	street: 206 2nd St City: Mosinee zip: 54455	Town Village Mes nee	11/2420 <u>11</u> (Month) (Day) (Year)	Phone (75)
Michael Hofman	Michael Hymann	Street: 2563 Dolden ERgle City: Mosine zin:54455	Town Village KRonenweTTal	// 24/20// (Month) (Day) (Year)	Phone 7/5
Charles WARNING	Charles Warning	Street: 2025 Ronald St. City: Wosinee Wt. Zip: 54455	Town Village City Kronenwetter	///24/20 (Month) (Day) (Year)	(7/5)
William Fundrey Jr	Willin Fabry J	Street: 1001 Norton St. City: Wausau Zip: 54401	Town Village Q City Waas 4 u	11/24/2011 (Month) (Day) (Year)	(71S) 2
Lynn Borchardt	Lem Banhardt	Street: 107 Winton City: Rothschild zip: 54974	Town Detyillage City Rothschild	///26/26] C (Month) (Day) (Year)	Phone ()
Larland Nelson	Dailand Welson	Street: 1010 Single Ave	Town Utillage City WAUSAU	11 /26/20_[[(Month) (Day) (Year)	Phone ()
8. Terry beier	/ n	Street: 9606 Woodland Pr City: Weston zip: 54476	Town Sevillage City Weston	$\frac{1}{(Month)} \frac{1}{(Day)} \frac{20}{(Year)}$	Phone ()
9. Donald Crone		Street: 110 School St	Town Village Schofield	// /36 /20// (Month) (Day) (Year)	Phone ()
hristin Bengszeski	Kresta Benazelu.	siree: R11273 Ringle Ave	Trown Village City Ring	// /2 // 20// (Month) (Day) (Year)	Phone (707)
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landy	Benaszeski	, (c	ertify): I reside at <u><i>KU12</i>73</u>	3 Ruggle Av	Ringle				
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personally circulated t	this recall petition and personally obtained ea-	ch of the signatures on this paper. I know th	at the signers are electors of the jurisdicti	ion or district represented by the officeholde	r named in this petition. I know that each person signed				
e paper with full knov	wledge of its content on the date indicated opp	posite his or her name. I know their respecti	ve residences given. I support this recall I	petition. I am aware that falsifying this certi-	fication is punishable under S.12.13(3)(a), Wis. Stats.				
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l.	L Rom	Street: R-4990 CAHO INMI RS	Town Alerbi-ock Uvillage	// /20/20/0 (Month) (Day) (Year)	Email Phone
Lynn Shepro Cody Lechleither	() () () () () () () () () ()	City: = (9/04 W 210544) 16	Colors Of the State of the stat		Email
	Para	Street: 63/N you five	Town O-Village	11/25/20/1	Phone
Lynn Thepro	Dyn Chepr	city: Edger W1 zip: 54426	Ocity Edgar	(Month) (Day) (Year)	
		street: 9786 Aigner Rd.	† Town □ Village ↑	11/26/2011	Email
Cody Cechleither	Cado J&	city: Suring W1 Zip: 54174	Ocity Bagley	(Month) (Day) (Year)	Phone
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(Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective esidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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□ Village Rib Mountain 6100 akeshore Dr ☐ City Phone zip: 54401 Email Richards □ Town □Village Waysay Phone zin: 54401 (Month) (Day) (Year) Email ☐ Town ☐ Village Phone ☐ City (Month) (Day) (Year) Zip: Email □ Town 20 □ Village Phone ☐ City (Month) (Day) Zip: Email □ Town Street: 20 □ Village Phone ☐ City (Month) (Day) (Year) City: Zip: -9. Email ☐ Town Street: 20 □ Village ☐ City Phone (Month) (Day) Email Phone

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1. Josh Nowinsky	Josh Mowning	chy: Kronenwette 5 zip: 54485	Town Other Kronenwettes		Email Phone	
2 Katu Kipp	11.11 12	Street: 1431 Silver avil	Town Village City Manual	1 /15/20_11	Email Phone	
3.	Kuranyy	Street 5406 128 TH AUE. N.	Town	(Month) (Day) (Year)	Email	
KIP LUEDTKE	Ky Luette	City ANSAU 21:54401	Village All The All	(Month) (Day) (Year)	Phone (7/S	
Jason M. Sinz	Jason M. Sonz	Street: 204 N. 36th Ave	Town Stity Uousou	1 /16/2011 (Month) (Day) (Year)	Phone (
5. KEVIN GRUNDY		Street: 1908 WOODLAND RIDUE RC	Town Utilage Waysay	11 /16/201	Email Karval Phone	
6. NEVIN GRUNDY	hem gum o	City: WALSAU Zip: 54403	⊈ Town	(Month) (Day) (Year)	Email PTS	
DAY DOWNS	Tand John	City: m2514 Zip: 54452	Otily Bedin	(Month) (Day) (Year)	Phone (715)	
Tian KosTnoski		Street: 6000 S. Mf. Lovel City: Wangan Zip: 54401	Town Village Lot Mountan	(Month) (Day) (Year)	Phone (715	
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Signature of Circulator)

Circulator

Phone

Email

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Jennifer Seymour Jennifer Seymour Street: 6103	Thougs Ave. Solution States Superscript S
2. Street: XO9	m zip: 54476 City WESTON (Month) (Day) (Year)
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Charlette Schwia I'm. Dave Isthau IV	Morningside Dr Drown Kronenwetter (1/28/2011) Numetter zap: 54455 City (Month) (Day) (Year)
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Jody Christerism	ad didus	Street: T2042 Cty Ad WW City: Wallsau zip: 59403	Town O'Village City TEXAS	// 28/20// (Month) (Day) (Year)	Phone ()/	
Shannon Engle	S. Engle	street: 16 S-6th St. City: Tomahank zip: 54487	Town O'Nilage TOMA hauk		Phone (
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.							
THE MUNICIPALITY US	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.		Madison,			
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	со			
1.	A second state of the seco			Email			
Print LAURA ZULEGER	Street N2218 Cardinal Dr.	Town Uvillage	11 1/5/2011				
Stern Laura Zuleger		Little Black (Municipality Name)	(Month) (Day) (Year)	Phone			
0	city: Medford 21p: 54451	(Municipanty Name)		(
2. Print LINDA J. GELHAW	7 3 7 7 11	Town		Email			
Print: DINDI	Street: 956 E. Allman	Uvillage City Media	11/14/2014	Phone			
Sign: Juda Ja Gelhaus	Mada Euuci	(Municipality Name)	(Month) (Day) (Year)				
3.	chy. Medford zhp. 54451	<u> </u>	-	Email			
Print Charles J. Gelhous	Street: 956 E Allman	Town Uvillage					
Charles Stollan	Street: 110(1000000000000000000000000000000000	Medford	(/(6/20 <u>l(</u> (Month) (Day) (Year)	Phone			
	cin: Medford 21:54451	(Municipality Name)		(
4. Gabriel J Gelhaus	^	Town Village		Email			
AL A - AL AA AL	Street: 956 E. Allman	- ded ford	11/16/20/11	Phone			
Sign Habrielf Helhowe	11.11.11 =1111-1	(Municipality Name)	(Month) (Day) (Year)	Phone			
5.	cay: Medford zip: 54451			Email			
Print: LISA VANUSEK	Street: 121 JOAN ST	□ Town □ Village City					
Vin Vanulate	Street: JZ JURIO 51	MEDFORD (Municipality Name)	11/21/20_11	Phone			
Sign: (SIGH VOVIUNUE)	cuy: MEDFORD 21p: 54451	(Municipality Name)	(Month) (Day) (Year)	1			
	Certification of Circulator	83.0	Town of				
LAURA ZULEGER (C)	ertify): I reside at N22/8 Cordinal I	Dr. Medfo	ord Little	Circulators,			
(Printed Name of Circulator) (Circulator's Residence – Street Name and Number) (Circulator Municipality) Black Phone Phone							

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

/20// Laura Juleger
(Year) (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII. Section 12 of the Wisconsin Counties in the County of Wisconsin petition for the recall

THE MINISTRAL TO Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	TY OF RESIDENCE, IS NOT SUFFICIENT.		Madison	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C	
Print: Cathy E. Retzer Sign: Cathy E. Retzer	Street: 319 N. Third St.	□ Town □ Village A/City MedFord (Municipality Name)	// / 21/20// (Mooth) (Day) (Year)	Phone	
2,	city: Medford Zip: 54451			(Paril	
Print: AMANDA LANGDON	Street: W7461 Cara Lane	tXTown ☐ Village ☐ City	11 /21/20/11	Email	
sign: Attnanda Langdon	city: Medford zip: 54451	Medford (Municipality Name)	(Month) (Day) (Year)	Phone (
Print: Lori Nelson	Street: N5805 State Hwy 13	CTown G Village City	11/21/20_11	Email	
sign: Lou Celson	cuy: Medford zup: 54451	(Municipality Name)	(Month) (Day) (Year)	Phone (
Print Kristine Brandner	Street: 11268 S. 8±h St.	☐ Town ☐ Village PA_City	11 /21/2011	Email	
Sign. MO &	chy: Medford zip: 54451	Medford (Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print: Niwle Buchel	Street: 308 E. Fremont Ave	☐ Town ☐ Village ☐ City		Email	
sign: Ni Ol Buchel	cus Stetsonville zus 54480	Municipality Name)	Month) (Day) (Year)	Phone	
	Certification of Cinquistan	42 Ta			
(1 miles have by circulary)	(certify): I reside at <u>N22/8 Cardinol Dr.</u> (Circulator's Residence – Street Name and Num	•	r ····y/ Ph	Circulators, Please include you	
personally circulated this recall petition and personally ob- amed in this petition. I know that each person signed the r	btained each of the signatures on this paper. I know that the signers are electors paper with full knowledge of its content on the date indicated opposite his or be	rs of the jurisdiction or district represented by the	e officeholder	Phone	

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_//	28	/20 //	Laura Zuleger
(Month)	(Day)	(Year)	(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Bo Madis THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email Town ☐ Village 11/20/2011 Phone (Municipality Name) Email □ Town □ Village City Phone Email □ Town ☐ Village 4. Email □ Town ☐ Village ☐ City Phone (Municipality Name) City: Emai ☐ Town ☐ Village ☐ City Street: Phon (Month) (Day) (Municipality Name) **Certification of Circulator** Circulate

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.(3). (Vis. Stats.

// / 28 /20 / Signature of Circulator)

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print Tulie M. Hallberg Sign: Julie M. Haceberg	sien en e	Town Village City (Municipality Name)	//////////////////////////////////////	Phone (
2. Print: FLOYD W. HALLBERG Sign: 5-loyd W. Hallberg	Street: 3708 Cay St	□ Town □ Village pCity Wassass (Municipality Name)	///8/20// (Month) (Day) (Year)	Phone (
sign: Lois KOEHLER	Street: 1/04 GOLF CLUB Rd City: WAUSAU 219: 54403	Town Village City MAUSHU (Municipality Name)	////9/20 (Mooth) (Day) (Year)	Phone
4. Eugene Rochton sign: Eugene Rochlor	Street: 1104 GOLFCLUB Rd City: Waysay Zip: 54463	Town Village Village Village Village Village (Municipality Name)	11/19/201((Month) (Day) (Year)	Phone (
5. Prior DAVID M BEBEL Signi Davis M Befel	Street: SO / ST ERNBERG AVE TO City: SCHOFIELD Zup: 54473	☐ Town RVillage ☐ City WESTGN (Municipality Name)	1\ /2\ \/201\ (Mooth) (Day) (Year)	Phon
- TINYA W. HOLL-REPC	Certification of Circulator (certify): I reside at 3708 CARL ST.	City of	WI	
(Printed Name of Circulator)	(Certify): I reside at (Circulator's Residence - Street Name and Nu	umber) (Circulator Muni		Circulate

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	of Schaol Fain Ganoway nonconnece pursuant to Article Affi, Section 12 of the Wisconsin Consultation and S.9.10 of the Wisconsin Statutes.					
THE MUNICIPALITY US	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS I		<u> </u>	Madis		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING			
1. Inger Parratta	Street: 206 5, 5th Ave	Town Village Scity DMSan	[[/J/20_1] (Month) (Day) (Year)	Email		
Sign:	cur Wausan zu S4401	(Municipality Name)		(Email		
Print: Joey Hallberg	524 5 3rd Ave.	☐ Town ☐ Yillage DYCity	11/24/2011			
Sign: Joly Hall Oly	Cay: Wales el 210: 514076	(Municipality Name)	(Month) (Day) (Year)	Phone (
3. Brandon Hallberg	Street: 733 1/2 Jackson St.	☐ Town ☐ Wilage If City		Email		
Sign. Bundow Holling		(Municipality Name)	(Month) (Day) (Year)	Phone		
	chy: Wausau zzp: 54403		<u> </u>	Fensi		
Thomas Gauger	Street 2034 Green bud Rd	Town Village Po-City MOSINER	11/26/2011	Email		
sign: Thomas Daught	mosinel 254455	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. CLEN LANDOWSKI		☐ Town ☐ Village 【City	lant	Email		
sign: Dlu Zardoust	Cary: () AUSAU 24: 54403	(Municipality Name)	// /28/20 (Month) (Day) (Year)	Phone (
	Certification of Circulator	C'TTO AP	<u> </u>			
LAND IN WALLBEDY		City of	117			
I, FLOYD W. HAL-BERG, (certify): I reside at 3708 CARL ST WAUSAD WIT (Circulator's Residence - Street Name and Number) (Circulator Municipality)						

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THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madis	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Print: Larry W Olson Sign: Perry W Olson	Street: 733/2 Jackson 5+ City: Way say zip: 54403	Town Village City (Municipality Name)	\\ /25/2011 (Manth) (Day) (Year)	Phone	
2. Print: Kristin Landowski Sign: Ariston Jendowski	Street: 733 Sackson St City: Waysay zip: 54-103	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (
Debrat, Landowski Delry Jandowski	Street: 1015 Tackson St.	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone	
4. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20	Phone	
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
Certification of Circulator I, FLOYD W. HALLBERG, (certify): I reside at 3708 CARL ST. (Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) Circulator Municipality)					

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(Month)	(Day)	(Year)	(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office purpose to Article XIII Section 12 of the Wisconsin Constitution and S.0.10 of the Wisconsin Statutes.

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Soot Mueller	SaytoMurile	Street: 709 N. 2nd Street City: Medford zip: 54451	Town Village City Medford	// /17/20// (Month) (Day) (Year)
Roxanne Kahan	Roxanne Kahan	Street: W12491 Lake Dr City: Lulilin zip: 54447	Town Prosevelt	// // /20] (Month) (Day) (Year)
Derothy Pagel	Dorothy Pagel	street: 318 1USST Lot 59 City: Adventification 21:54405	Town Dillage Askertford	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Roger Ludwig	Brozen Ledrik	cia: NIG892 DIVISION AVE	Town Uillage City May ville	// /25/20// (Month) (Day) (Year)
12 m Peissig	Brin Cheng	Street: W 6666 Elm AUP City: Nouches for zip: 54425	City UHLEBla	///2720_/ (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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PAGENUMBER:

NOT SUBMITTED

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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DORISM KIEFER	Marish Kiefer.	Street: N3406 Shattack St.	Stown O'tillage O'City Medford	/////20// (Month) (Day) (Year)
KRISTI S. TLUSTY	Kriste S. Thirty	street: 545 Grahl St. City: Medford Zip: 54451	□ Town □ Village	11 /17/20_11 (Month) (Day) (Year)
KENNETH SCHMIEGE	Lend Steery	Street: 108 Doyle Place City: Me LLov L zip: W	Town Utilage Scity VeoFort	11/17/20 <u>11</u> (Month) (Day) (Year)
TIM HANSEN	Din Hursen	Street: 311 & 2nd St City: MeDFOLD, Zup., 54451	Town Village Village Village Village	1)/1-2011 (Month) (Day) (Year)
Timothy A Kaenin	Durtha Morne	Street: 130 DOV/6 P1 City: Med MV 21:5145/	Town Village Med for	// \$20// (Month) (ba) (Year)
Jill MKoening	gu Moery	Street: 130 Doyle Place City: Medford zip: 54457	Town Village City Medford	///1/201/ (Month) (Day) (Year)
"Susan Zenner"	Descon Zerre	street: W61642 Apple Ave city: Medford z102447)	Orown Uillage Little Black	11 /18/2011 (Month) (Day) (Year)
8. CHARLES ZENNER	Charles Derne	street: WCC42 Apple Aus City: MEDFORD zip: 54451	Town City City City	(Month) (Day) (Yegf)
MERI MAKOVEC	Meri Makovec	street: 337 Vincent 5t. City: Medford zip: 54451	Town Wedford	// 22/20// (Month) (Day) (Year)
Benjamin J. Brast		Street: 22, N 4th St. City: Medbood zip: 5 445 t	Town Stillage City Medical	// 23/20// (Month) (Day) (Year)
Lyn V. Krakenh (Name of Circula	Crger, (cert	rtify): I reside at //6 5 3 5 5 5 1 (Circulator's Residence - Street name and	Medta	Municipality)

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